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ABSTRACT

This report discusses the family guidance program established in Denmark as a preventive measure for child care. In developing such a program, Denmark developed a number of innovations concerned with preventive care programs for children. The program has changed from its beginnings in 1888, and since 1964 has offered voluntary family guidance to any family with children under 18. Implementing the program is the responsibility of the local districts, or "Kommunes," which explains the considerable variation in the quantity and quality of the services in different parts of the country. A "family helper" is assigned families who need long-term help in resolving family-child problems, and the helper usually spends six months to one year working with the family until the situation has stabilized. Families are serviced primarily on a crisis basis when it is felt that nonintervention would permit permanent damage to the quality of the children's environment. The three general types of services offered by family guidance are referral, economic assistance, and group services or parent clubs. (Author/PC)

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FAMILY GUIDANCE IN DENMARK

A PROGRAM IN PREVENTIVE CHILD CARE

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In the report on child advocacy in Denmark, the local Child and Youth Committee was described as advocating for children in three ways: promotion, protection and prevention. The committee performs its preventive function through the establishment of a family guidance program. It is important to keep in mind two basic purposes which underlie all aspects of the family guidance system: the service is preventive in nature, and the focus of the service is the welfare of the child or children in the family served. In developing a program to meet these purposes, Denmark has evolved a number of innovations which should be of considerable interest to those in the United States concerned about preventive care programs for children.

A review of the historical development of preventive care for children in Denmark reveals two important shifts in policy (and therefore philosophy) over time. The first preventive care program for children could perhaps be considered the law passed in 1763 which decreed that the father to a child born out of wedlock is liable to contribute at least one-half of the costs incurred in supporting the child until he is ten years of age. A further provision indicated that the State must assist the mother with the collection of this support. In 1888 a law providing for automatic, compulsory supervision of all foster children considerably extended preventive care for children. In 1923 this automatic, compulsory supervision was extended to all children born out of wedlock and all children from separated and divorced families if the father's (or mother's) support was paid in advance by the municipality. This program of compulsory supervision directed to specified types of families (i.e. guidance tied to the provision of economic help and directed primarily to the socially or economically "needy" family) continued until 1964 when, following an extensive review by the government, a new law was passed. This law is a significant departure from the past in several ways. All automatic, compulsory supervision of children, other than foster children, was abolished, and replaced with a new family guidance program. The new program differs from the old in having entirely voluntary participation and in being directed to <u>any</u> family with children under 18 years of age. The compulsory supervision or guidance was discontinued because "It was felt as discriminating towards the mothers who <u>had</u> to submit to the supervision". The change from supervision or guidance directed towards specified types of families to guidance offered to any family on request was the result of two observations from experience. First, guidance to all families within a certain category (for example, out of wedlock families) resulted in much supervision of families who were in no real need of such

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supervision. At the same time, many families in real need of guidance did not fit the categories specified and were unable to receive help. Secondly, by offering the guidance to all families, regardless of social class (guidance is frequently given to families with professional parents), economic status, marital status, or any other criteria there would be no stigma attached to asking for such service.

A brief review of the overall organization and administration of welfare services in Denmark will reveal many similarities between the organization of this system and the organization of the system in the United States and also help the reader to fit the family guidance program into the system. The national government of Denmark is responsible for passing laws outlining the type and scope of services to be offered to the people. The laws also specify how the funding of these programs will be shared. The administrative departments of the national government then "flesh out" the laws with bulletins which make recommendations with regard to the details of running such programs. The running of the programs themselves, however, is entirely the responsibility of the local districts or "Kommunes". (The report on Child Advocacy in Denmark describes the Kommune in more detail). Thus each of the 250 Kommunes (ranging from small rural areas of 10,000 people to Copenhagen with over a million people) is responsible for Public Assistance and Supplementary Benefits, for pensions to old people and disabled persons and for child welfare services which includes family guidance. The rational Child and Youth Act of 1964 states that the Child and Youth Committee of every Kommune "shall be required to offer continuing guidance and support to families with children who are supposed to be in particular need thereof". The act also specifies that the Kommune may be reimbursed by the national government for 7/10 of the cost of these services provided that they meet standards to be determined by the national Ministry of Social Affairs. The Ministry has, in turn, set two conditions necessary for "approval" and therefore special economic support from the State. The first condition is that the "family helpers" (see below) must either be certified social workers or have a basic education in certain related fields combined with a special, brief but intensive training course. The second condition is that the family helpers must have the support and supervision of a "team" consisting of a physician (often a psychiatrist), a psychologist, a lawyer and a social worker.

Since the law requires each Kommune to have a family guidance program but does not require that it be an approved one, there is considerable variation in the quantity and quality of this service in different parts of Denmark. This variability reflects the heterogenous conditions in these areas including

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degree of urbanization, degree of industrialization, economic level, social customs and beliefs, availability of professional workers, etc. The law allows for such local variation but at the same time provides incentive for improvement in services. It is entirely the responsibility of the local Kommune Child and Youth Committee to determine what their family guidance will include. In a small, rural, more conservative and less affluent Kommune the Committee may simply choose to assign one of its staff members to include "guidance and support of families with children" in his duties. This Kommune would then be one of the nonapproved ones. (See the report on Child Advocacy in Denmark for the rights of local citizens to appeal what they feel are inadequate services.) There are also differences among the Kommunes with approved programs since the type and scope of the service offered will depend on local needs. It is possible for smaller Kommunes to join together in providing the service, and in all except the largest urban areas the preventive guidance service is closely associated with the protective services for children. Thus a certified social worker may be on the staff of the Child and Youth Committee and perform investigative functions for the committee and at the same time supervise some workers who are concentrating on protective services (see Child Advocacy report) and other workers who, as family helpers, are providing preventive guidance. In Copenhagen Kommune, however, the size of the family guidance program necessitates a separation from the other child welfare services. Within the Department of Child and Youth affairs there is a division of Family Guidance whose only responsibility is to provide this service. This Division is responsible to the director of the Department who in turn is responsible to the Kommune Mayor and Council. This division works closely with the other divisions who are performing the promotive and protective functions and all divisions are housed in one central building.

As mentioned above, the only requirement of families served by this program is that they have children under 18 years of age. Although the program has been in existance for only 7 years, its acceptance has been overwhelming. When the program began in the Kommune of Copenhagen in 1965, there were 26 workers. At the present time there are 120 workers in the Kommune and there is still more work than they can cover. In this short period of time they have already served over 5300 families in this one Kommune alone. Information concerning the service has been given to all those who work with children, including family doctors, nurses, teachers, day care workers, etc. so that they might refer families to it. In addition, an attractive pamphlet "For Familien" which describes the services available

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in simple language is widely distributed. In Copenhagen, 89% of the families applying for service make the first contact themselves while in 11% of the cases, the referral comes initially from another individual or agency. The director of the program, however, states that this may give a false impression since many of the families who apply directly are advised to do so by some one else. Since, for example, routine home health visiting ceases in most cases when the child is one year old and services from the Mother's Aid Institution stop when a child is two, it is well known that many families come at the suggestion of workers in these two fields. Since the service is available to all and since many of those who apply are well educated, many do come on their own, having learned about the service through the mass media, from their friends, or in their work.

Because of the widespread acceptance of the program, there is no active case finding at the present. If the services can be sufficiently expanded, however, "preventive" case finding is a goal. The value of such case finding was demonstrated in a small project in Copenhagen. Notices are routinely sent to the Department of Child and Youth Affairs from other departments in the city if a divorce has occurred with children in the family or if a parent has been sent to a mental hospital. One hundred of these notices were collected and workers sent to the homes to investigate the situation. In 58 of the 100 homes it was found that social services were needed and the services were subsequently provided. The result was felt to indicate this technique to be an excellent source of preventive case finding.

In order for the reader to best understand the services made available through the program, the routine procedure when a family first applies will be described. In Copenhagen Kommune there are 10 intake workers (all social workers) who only do initial evaluations on new cases. The worker interviews a family member at length and attempts to help resolve any acute problems at this time. Many cases can be resolved at this level without need for further help. If further help is necessary, the case is then referred to a "family helper" who serves the district where the family lives. Since it may be necessary for the family to wait 2 or 3 months before the family helper can start his service, the intake worker will arrange for any needed interim help. All intake interviews are given at the central office (this is likely the only time a family member must come here) and each intake worker will do only 5 or 6 new cases each day. To date it has been possible for any new applicants to be seen the same day they apply so as to receive an immediate feeling of support and hope. Through proper initial help and referral it has also been possible to refer all families who need more long term help to a family helper within 3 months.

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Family Guidance

If necessary, the case is next picked up by the family helper. What is a family helper? There is no equivilent to him in the United States and, in fact, neither was there in Denmark before this program began. The authorities, recognizing the serious shortage of certified social workers, decided that the need could not wait and also decided that the talents of a social worker could be spread much more broadly through the use of the concept of the ancillary worker. So with the birth of the family guidance program the family helper was also born. This worker must have a basic education in a related field such as kindergarten teacher, youth club worker, nurse, and so on. When openings are available for new helpers, an advertizement is made in the mass media. So far there have always been many more applicants than openings and it is difficult to select the best applicants. The selection takes place through a written application and two interviews. It has been the experience that no particular criterion, including success in a previous profession, guarantees success as a family helper. Consequently, there is a 10 month probationary period after hiring. In Copenhagen, of approximately 150 workers, 4 were dismissed during this probation. After an applicant has been accepted into the program, he is immediately placed on the pay roll and then is given a 4 month training course. The course includes counselling techniques, social services, family law, psychology, educational theory, housekeeping, etc. (This training course will be reviewed in detail in a subsequent report on the training of child care workers.) The salary is about 3000 Danish Kroner (approximately $ 450) a month which is a competitive wage for this level of education and experience. Following the completion of training, the family helper is assigned to a district and becomes a member of a team of professional workers. He is assigned new cases as they arise in his district. In Copenhagen he will have no more than 20 active cases to manage at any one time although in some of the other Kommunes the case load may go as high as 60. The family helper makes a home visit when a new case is assigned and, following a thorough assesment of the problem, he begins to provide any needed services. (Services offered will be described below). From this point onward, the family helper will be the only one from the agency who has direct contact with the family unless individual professional help is required, and the contact will always be either by home visit or, when this is impossible, by phone. The family helper usually spends one-half to one year working with a family and the case will be closed when it is felt the family situation has stabilized. Every attempt is made to help the family to be able to take care of itself as soon as possible, and to prevent the use of the program as a crutch. The family may, however,

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return at any time for further help if it feels it necessary.

Each week each family helper spends 3 1/2 days making home visits to his families and 1 1/2 days at the central office with the other members of the team. As mentioned above, this team is a necessary element in an "approved" family guidance program, and includes in addition to family helper, a physician (usually a psychiatrist), psychologist, lawyer and certified social worker. Several family helpers will meet together with the 4 specialists for a team meeting. Each helper will present a case and then there will be a general discussion among the group. In this manner the helper can get supervision of the case and the other helpers can learn from this helper's case. In addition to team meetings, the family helpers also meet individually with their supervising social worker (i.e. the social worker on the team) to go into more details on each case. Frequent "case conferences" are also held in which all of the individuals or agencies in the community which are involved in the helping of one family meet together to discuss the management of the family's problem. The family may be invited to attend this meeting also, if it is felt that it is capable of benefiting from such attendance.

Copenhagen Kommune has 18 psychiatrists, psychologists and lawyers who work as members of the teams in family guidance. In addition to consulting with the teams, the psychiatrists will also occasionally evaluate adults or children in families under care to determine whether they need professional help. These evaluations also serve to give the family helpers more confidence when they are working with these stressed and sometimes disturbed family members. The psychologists have master's degrees and in addition to consulting on the teams, will occasionally give psychological testing to individual family members when it is indicated. They also direct some group therapy programs and are active in the training of family helpers. The lawyers, in addition to consulting with the teams on the legal implications of the family's problems or projected programs, may also provide legal advice to a family under care or to the Department of Child and Youth Affairs itself.

The services which are offered to families in family guidance are based on the principle that this program is intended primarily for families faced with an emergency. This emergency may be a decision of the parents to separate, a sudden death or serious illness of a parent, an eviction notice because of inability to pay the rent, penal detention of a parent, etc. The assumption is that without help, family disintegration with subsequent damage to the quality of the children's environment will occur. With this aim in mind, there are three general types of services offered by family guidance.

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Family Guidance

The first type of service is the guidance offered by the intake social worker and the family helper. This individual guidance will include referral of family members for needed services. These services may include the whole range of health, education and welfare programs from a family physician to a University Hospital clinic, from after-school day care to full time foster care*, from a group therapy program (see below) to placement in a mental hospital. In addition to making the referrals, the family helper will also "follow through" to be certain that the contact is made and the service received. The helper will assist in the coordination of all these services and, if indicated, may arrange for a case conference. Equally, if not more, important, however, is the emotional support which the family helper provides on a continuing basis. These families are in acute distress and the family helper, by meeting with them 1) in their own home, 2) frequently, 3) in a relaxed and unhurried fashion, is able to give the family members the support and hope they need in order to, for the most part, solve their own problems. The family helper is also available to the family by phone at any time during an acute stress period.

The second type of service available to families in family guidance is economic assistance. It is the task of the lawyer on the team to decide if the family in question qualifies for economic assistance according to the Child and Youth Law. There are five situations in which it is possible for family guidance to provide economic help. First, the family may be in need of somebody to look after the children, be it day-care, kindergarten (this is not provided universally in Denmark), or a foster mother. Second, recommendations to the parents with regard to the child's upbringing may include things such as youth clubs, special educational or vocational training, etc. which involve a fee. Third, there may be a need for referral to a physician, psychologist or psychiatrist. Fourth, there may be need for homemaker's assistance. Fifth, there may be need of help to cope with a transient economic problem. This may involve emergency funds to buy food or pay the rent or utility bills either to relieve a momentary shortage before the underlying problems are tackled or else in cases where it seems that the relief of the immediate need is all that is necessary and that the family will be able to cope from there on. In all of these five situations Family Guidance may help

* Note: If the Family Guidance feels that consideration should be given to placement of a child outside his own home, the case is referred to the local Child and Youth Committee (see report on Child Advocacy).

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to foot the bill provided that (according to the law): the economic help is necessary; the emergency is transient: the economic help will help to preserve the integrity of the family setting so that placement of children outside their home can be avoided. In "fleshing out" the law, however, the Ministry of Social Affairs has made it clear that these regulations should be broadly interpreted and that Family Guidance should give the financial help needed before the family has exhausted every resource available.

The third type of service available to families in family guidance is "group" services. During the winter (which in Denmark is 6 or 7 months long), parent groups are formed from among parents who are receiving help from a family helper. In this way, a small group of parents will meet with their family helper somewhere in the neighborhood in the morning or evening. Members of the group tend to be lonely parents who have few friends, little money and badly need social outlets. The groups are called Parent Clubs and the parents are asked what they would like to have in the way of programs. They choose for themselves what they wish to discuss or hear and will frequently choose such topics as living-collectives in Denmark, narcotics, laws governing children, educational techniques with children, etc. They meet once a week and there may be a discussion led by the family helper or there may be an invited speaker. In addition to the social and educational value of these clubs, the workers also feel that they are of considerable psycho-therapeutic value. During the summer months, Family Guidance provides summer camps for mothers and children. A mother and her children will be sent for two weeks to stay together at such a camp. Most of these mothers could not otherwise afford a vacation (a token payment is made for the camp). Ten to twelve mothers will be at the camp at one time with usually twenty-four to twenty-six children. There are kindergarten teachers there who take care of the children during the day so that the mothers may be free to relax, to have discussion groups, to take trips and to rest. The family helpers are there to assist in any way they can. In addition to the recreational, social and educational benefits, these camps are also felt to have psychotherapeutic value.

When Family Guidance was begun in 1965, the Kommune of Copenhagen, as well as several other Kommunes, requested money from the State for ongoing research into the effectiveness of this new service. This request was denied. After the program had been working for 5 years, Copenhagen Kommune again made the request for evaluative research, but was again turned down. They were told that their job was simply to do the work and benefit from the experience. This notion of an empirical approach to the provision of services is traditional in Denmark. We asked what kind of

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changes might take place in the future based on the experience to the present with this program. The answer we received was most exciting. Perhaps the most significant change to come is that which has been recommended by a government appointed social reform comission. This recommendation is for the establishment of a center in each neighborhood where the people could get all of their social and health care services in one place. Everyone appears enthusiastic with this idea and it is believed it will become law very soon. This would mean that some services which are now offered by the State (including rehabilitation services and services for pregnant women and women with young children) would become the responsibility of the Kommune. Leaders in the field feel that there will be little difficulty in integrating the present preventive health programs with the social care programs, but more difficulty is expected in integrating into the program curative health care (provided by private medical practice and funded by national health insurance). In any case, Family Guidance would play a key role in such neighborhood centers in recommending and coordinating services for the family.

A second change in Family Guidance to occur in the future is the expanding of such service (already begun). With such expansion it is hoped that the preventive case finding described above can be used.

A third change demonstrates how the experience which the family guidance staff has gained in the understanding of family life can be put to valuable general use. With more and more experience in helping families, the family guidance staff began to see that there were frequently general conditions in a neighborhood which gave rise to similar problems in many families. The observation of the conditions, in turn, resulted in recommendations for change in such conditions which go far in solving many families problems at once and preventing similar such problems in the future. Making such recommendations required a closer working relationship between the Family Guidance program and the promotive child care services (see Child Advocary report) which influence conditions in the community at large. Closer working relationships are now occurring and can be demonstrated by a recent example from Copenhagen. A large apartment complex was opened in a suburb. Very soon there were many applications for Family Guidance from that neighborhood necessitating the transfer of more family helpers to the district. It soon became apparent that most of these families were having the same problems: too much rent for their income level, and lack of adequate child care facilities in the neighborhood. The findings were reported to the Director of Child and Youth Affairs and other individuals and agencies who are active in child promotive services. As a result, there was an investigation which revealed that the new apartments were too expensively built for the local need and had been designed without adequate child care facilities. The

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findings were taken to the City Planning Commision; now there are several "consultants" from the Department of Child and Youth Affairs on the comission who are being asked to meet with the city planners in evaluating new housing needs.

Having reviewed the Family Guidance program in Denmark, what should appear to the American reader to be some of the most important innovations or ideas? First is the idea that if the best way to prevent children from developing problems requiring treatment is to insure a quality environment for the growing child, then one important way to insure such an environment is to offer guidance and support to families with children in time of emergency. A second idea, related to the first, is that it may be that the best way to find children who are at risk of developing problems is to offer such guidance and support freely to all families with no screening necessary (and consequently no stigma, barriers or need for hesitation). This can be supplemented, but not replaced, by case finding with high risk categories. An innovation in the Danish system which has great applicability to the American system is the effective use of ancillary workers, combined with a team of specialists, in providing social care and support to families at risk. Another innovative finding of considerable interest is that group meetings and outings can be effective in meeting the social, educational, recreational and emotional needs of families under stress. The Danish experience has shown that social care programs, designed with the needs of children in mind, can be developed centrally while still providing sufficient flexibility to meet the needs of widely heterogenous communities from small rural areas to a metropolis of over one million people. Perhaps most importantly of all, the Danish experience has also shown that government-planned and supported, locally controlled, community-wide family guidance is feasible, can be made highly acceptable and can be shown to be highly effective.